State of Kansas Department of Administration Division of Accounts and Reports DA-37 (Rev. 7-98)

## REQUEST FOR REDUCED SUBSISTENCE ALLOWANCE

## **INSTRUCTIONS**

- 1. Complete the requested information below.
- 2. Submit the form to the Director of Accounts and Reports at least two weeks prior to the beginning date of the extension to allow adequate request processing time.
- 3. Attach the approved original copy of the request to the first payment voucher submitted for payment of subsistence expenses during the extension period.
- 4. Attach a photocopy of the approved request with each additional voucher submitted for payment.

payment.	
(Please Type or Print)	
Agency Name:	
Agency Number:	
Employee Name:	Job Title:
Purpose of Travel:	
Note: Reduced rates should be stated in muluppropriate line if no meal allowance or lodg	altiples of a half-dollar (\$0.50). Enter \$0.00 on the ging expense will be paid.
Reduced Quarter Day Meal Allowance Rate:	e: \$
Reduced Maximum Daily Lodging Limitation	on: \$
Explanation for Reduced Rates:	
SECRETARY OF ADMINISTRATION APPROVAL	AL: AGENCY APPROVAL:
Secretary of Administration Dat	ate Agency Head or Designee Date